AHCCCS

Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Janet Napolitano, **Governor**
Anthony D. Rodgers, **Director**

801 East Jefferson, Phoenix AZ 85034
PO Box 25520, Phoenix AZ 85002
phone *602 417 4000*
www.ahcccs.state.az.us

GROUP BILLING AUTHORIZATION

Complete one authorization form for each provider and group.

I understand that I must notify AHCCCS, Provider Registration of any changes to the group billing arrangements 30 days in advance. Notification must include the effective date of change.

PLEASE TYPE OR PRINT IN INK.

1. I hereby authorize _____
(Group Name)

_____ to bill on my behalf for services provided to AHCCCS members
(Group ID Number)

for claims with dates of service on or after _____.
(Date of Group Affiliation)

_____ _____
(Signature) (Date)

_____ _____
(Printed Name) (Provider ID Number)